



NOV 0 6 2019

Public Transportation Office

PUBLIC TRANSPORTATION DIVISION Capital Construction Grant - Reimbursement Request **Regional Mobility Grant Program**

Organization Name: Spokane Transit Authority **Invoice Date:** 9/30/2019 Mailing Address: 1230 West Boone Ave **Grant Agreement #:** GCB2302 City, State, and Zip: Spokane WA 99201-2686 **Invoice Number:** 0919 GCB2302 Statewide Vendor #: 91-1151502 Final Request? No

Project Title: West Plains Transit Center

Project Phase - Design (Preliminary Engineering)

Gross Expenses	Local Funds	Amount Requested
0.00	0.00	0.00

Project Phase - Right of Way

Gross Expenses	Local Funds	Amount Requested	
1		0.00	

Project Phase - Construction

Gross Expenses	Local Funds	Amount Requested
143,301.00	0.00	143,301.00

Total from all Phases (will compute automatically)

Gross Expenses	Local Funds	Total Requested Reimbursement
143,301.00	0.00	143,301.00

I hereby certify that the costs shown on this invoice reflect the true and actual costs incurred against this agreement.

10/29/2019 Signature Date

Monique Liard **CFO** Print Name of Signatory and Title

Email a scan of the signed original with all supporting documents to PTDInvoices@wsdot.wa.gov and Cc to the assigned Community Liaison

Subject: GCB2302 0919 Spokane Transit Authority

For WSDOT Only:

Job Number	Work Op	Obj.	Org. Code	Amount	Voucher#
				143,301.00	

11/13/19 Reviewed by Community Liaison Date **Business Services Staff**

Date



CERTIFICATION: I hereby certify under penalty of perjury, that the materials have been furnished, the services rendered, the labor performed as described herein, or contracted for and that this is a just, due, and unpaid obligation of the Spokane Transit Authority and that I am authorized to authenticate and certify to said claim.

BILLING INVOICE/CUSTOMER STATEMENT

Invoice Number:

Customer:

Project Title:

Project:

RE-313-ATB90813047

I 90 MEDICAL LAKE I/C GEIGER

Invoice Date:

8/13/2019

Due Date:

9/20/2019

*****1502 GCB3134R -

TOTAL AMOUNT DUE:

\$12,144.98

AMOUNT DUE THIS INVOICE:

\$12,144.98

Make Check Payable & Mall To: **DEPT OF TRANSPORTATION**

CASHIER

P.O. BOX 47305

OLYMPIA WA 98504-7305

Direct Inquirles To:

SANTIAO@WSDOT.WA.GOV

360-705-7524

SPOKANE TRANSIT AUTHORITY 1230 W BOONE AVE SPOKANE WA 99201-2686

Return top portion along with payment

Current Billing Period: 07/01/2019 To 07/31/2019

Work Order	Description	Line Amount	55	T	otal
00942504	CONSTRUCTION-CAPS PMTS TO PRIM	\$2,268.16	9		
со	NSTRUCTION SUBTOTAL	:•		×	\$2,268.16
00043500	OFFICE ALL PROJECT MANNA CENTERIT	******		•	
00942562	GENERAL PROJECT MANAGEMENT	\$3,020.98			
00942562	TRAVEL TO/FROM OFFICE/JOBSITE	\$30,60			
00942562	GENERAL OFFICE FUNCTIONS	\$5.58			
00942562	SURVEYING (ALIGNMT, ELEV, X-SEC)	\$1,581.89			
00942562	HQ GEOTECH ENG & GEOLOGY SRVCS	\$98.05		ě	
00942562	. WORK DRAWS, PLAN CHK, DATA PREP	\$1,690.34			
00942562	PROGRESS/FINAL ESTIMATES/RECDS	\$315.87			
00942562	PREPARATION OF CHANGE ORDERS	\$11.65			
00942562	INSPECTION (SURFACE & PAVE)	\$830,26			
00942562	INSPECTION (STRUCTURES)	\$7.24			3
00942562	INSPECTION (GENERAL)	\$292.90	*		
00942562	ENVIRONMENTAL(INSPEC & SURVEY)	\$29.35			
00942562	TESTING (ROADWAY MATERIALS)	\$682.20			
CO	NSTRUCTION ENGINEERING SUBTOTAL				\$8,596.91
00942504	INDIRECT COST RATE	\$267.19		1.4	
00942562	INDIRECT COST RATE	\$1,012.72		$\mathcal{F}^{(a)}$	
· OTH	HER CHARGES SUBȚOTAL			į.	\$1,279.91
	¥	AMOUNT DUE THIS INVOICE			\$12,144.98